

Division of the State Fire Marshal
118 Parade Street
Providence, RI 02909
Phone: 401-462-4200 Fax: 401-462-4250



**CERTIFICATE OF COMPETENCY
FIREWORKS/PYROTECHNICS
RENEWAL**

LICENSE # 65 - _____

NAME: _____ DATE OF BIRTH: _____

HEIGHT: _____ WEIGHT: _____ COLOR EYES: _____ COLOR HAIR: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (____) _____ WORK: (____) _____

SOCIAL SECURITY NUMBER: _____

PRESENT EMPLOYER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

LENGTH OF SERVICE: YEARS: _____ MONTHS: _____

PLEASE CHECK WHICH LICENSE APPLIES TO YOU: _____ FIREWORKS _____ PYROTECHNICS

SIGNATURE: _____ **DATE:** _____

FEE: \$50.00

Payable To: R.I. State Fire Marshal

FOR OFFICE USE ONLY

DATE ISSUED: ____/____/____

EXPIRATION DATE: 03/01/2007

CHECK NUMBER: _____